

COLUMN HEADER	Hover language
Part	Type of Medicare Fee-for-Service claim
CID	CERT Claim Identification Number
Claim Line Item Number	The specific claim line that underwent medical review
Span Number	When the coverage for certain Part B claim lines extends over a period of time, the claim line can be split into additional lines. The span number is a unique identifier of the claim line split into additional lines.
HCPCS Procedure Code	The Healthcare Common Procedure Coding System code
Type of Bill	Identifies type of facility, type of care, and sequence of bill in a particular episode of care.
DRG	The Diagnosis-Related Group code.
Diagnosis Code	Principle/Primary Diagnosis Code (ICD-9)
Provider Type	Type of provider providing the service
Type of Service	Service provided by the provider
Service From Date	The first day on the billing statement covering services rendered to the beneficiary.
Service Through Date	The last day on the billing statement covering services rendered to the beneficiary.
Error Code	Reason the claim was in error
Review Decision	Medical review decision for the claim, either agree or disagree.